



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 16
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	11 August 2025
Centre ID:	OSV-0005859
Fieldwork ID:	MON-0038798

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Stewarts Care Adult Services Designated Centre 16 is operated by Stewarts Care DAC. This designated centre is intended to provide long stay residential care and support to no more than nine residents with complex support needs. The centre comprises two wheelchair accessible bungalows, located in a campus setting in Dublin 20. The designated centre is located close to local amenities, transport links and community facilities. The service aims to provide a comfortable safe home that promotes people's independence, and a high standard of care and support in accordance with evidence based practice. Residents' healthcare supports are provided by medical doctors and allied professionals are available to residents as required. Nursing support is provided within the centre. The centre is managed by a person in charge and is staffed by nurses, care assistants and day services staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 11 August 2025	11:00hrs to 17:30hrs	Karen McLaughlin	Lead
Monday 11 August 2025	11:00hrs to 17:30hrs	Sarah Barry	Support

What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of designated centre 16. The inspection was carried out in response to the provider's application to renew the registration of the designated centre.

The centre consisted of two detached bungalows on a congregated campus setting in west Dublin. The centre was located close to many services and amenities, which were within walking distance and good access to public transport links. The centre was registered to accommodate eight residents.

The inspectors were shown around both bungalows by the person in charge, who was knowledgeable and familiar with the assessed needs of residents. Both premises within the centre were observed to be clean and tidy, warm and provided a comfortable environment to residents. The person in charge and staff described the quality and safety of the service provided in the centre as being very personalised to the residents' individual needs and wishes.

All residents were aware of the inspection visit and were supported to meet with the inspector. The inspectors all seven residents throughout the day of inspection. Not all residents living in the centre were able to provide verbal feedback about the service. Therefore, inspectors carried out observations of residents' daily routines and of their home and support arrangements. In addition, inspectors carried out a review of documentation and had conversations with key staff, to form judgments on the residents' quality of life.

Resident's had completed Health Information Quality Authority (HIQA) surveys, in advance of the inspection, with support from staff. These surveys sought information and residents' feedback about what it was like to live in this designated centre. The feedback in the surveys was very positive, and indicated satisfaction with the service provided to them in the centre, including the premises, meals, and staff, and also noted that residents felt safe and were able to make choices and decisions in their lives.

Inspectors observed residents coming and going from their home during the day. On their arrival to the designated centre, the inspectors briefly with one of the residents who was busy getting ready to leave for a holiday with family members. The resident showed the inspectors their room which was decorated with photos and certificates of the resident's various achievements.

Staff were observed to interact warmly with residents. Staff and residents were observed talking and sharing jovial interactions throughout the inspection. Furthermore, staff were observed offering residents choice throughout the day. For example, when a resident asked for tea a staff member responded to their request and told the resident that they would bring them a choice of biscuit or cake to accompany it. The staff member was observed to do this. Staff were seen to be

aware of the dietary needs of a resident who resided in another house within the designated centre. This resident had called to the house for an impromptu visit.

The inspectors spoke with one resident who was relaxing in their room listening to music. They told the inspectors that they were happy living in the centre, that they had lived there a long time and there was nothing in the centre they would change.

Another resident spoke with the inspectors about their love of music. They had their own sitting room in their home, which contained their piano/keyboard, a TV, radio and other items they enjoyed. They spoke about some recent concerts they had attended.

Some residents not speak directly with the inspectors, however, they indicated they were happy and appeared settled and comfortable in their home. Staff were aware of their preferred communication style and were observed engaging with residents.

Overall, from what inspectors were told and observed during the inspection, it was clear that residents had active and rich lives, and received a good quality service. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. Overall, there were effective leadership systems in place which were ensuring that residents were in receipt of good quality and safe care.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre.

The registered provider had implemented management systems to monitor the quality and safety of services provided to residents including annual reviews and six-monthly reports. In addition a suite of audits had been carried out in the centre.

There was a planned and actual roster maintained for the designated centre. Rotas

were clear and showed the full name of each staff member, their role and their shift allocation. From a review of the rosters there were sufficient staff with the required skills and experience to meet the assessed needs of residents available.

Inspectors spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner. However, not all staff had completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents, this required improvement.

Records set out in the schedules of the regulations were made available to the inspector on the day of inspection, these were found to be accurate and up to date including an accurate and current directory of residents, residents guide and a record of the number, type and maintenance record of fire-fighting equipment in place in each bungalow.

Furthermore, an up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time.

The provider had effected a contract of insurance against injury to residents and had submitted a copy of their insurance policy to support the application for renewal of the centre's certificate of registration.

Overall, inspectors found that systems and arrangements were in place to ensure that residents received care and support that was person-centred and of good quality.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a person in charge for the centre that met the requirements of Regulation 14 in relation to management experience and qualifications.

There were adequate arrangements for the oversight and operational management of the designated centre at times when the person in charge was or off-duty or

absent.
Judgment: Compliant
Regulation 15: Staffing
Residents were in receipt of support from a stable and consistent staff team. The designated centre was staffed by suitably qualified and experienced staff to meet the assessed needs of the residents. The staffing resources in the designated centre were well managed to suit the needs and number of residents. Inspectors reviewed actual and planned rosters at the centre for June and July 2025 and the current August 2025 roster. The person in charge maintained a planned and actual staff rota which was clearly documented and contained all the required information. Inspectors observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport and understanding of the residents' needs.
Judgment: Compliant
Regulation 16: Training and staff development
There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained. However, improvements were required All staff had completed training in human rights. Some staff had completed training in assisted decision making and capacity Act 2015 – guidance for healthcare workers training and others were in the process of completing the 4 modules. However, a review of the training records in the designated centre showed that a number of staff had not completed refresher training in some mandatory training modules. For example, three staff were due to complete refresher training in manual handling training with one staff being due refresher training since November 2023 and another from August 2024. Furthermore, there was a risk assessment and management plan in place in the designated centre related to risk of residents choking. This had last been updated on 27 June 2025. One of the control measures in this document stated that all staff in the designated centre are to be FEDS trained. A review of the training records for

the centre demonstrated that three staff members had not completed this training. The inspector reviewed a sample of two staff member's supervision records. These records showed that staff were up to date with supervision. Topics discussed during supervision meetings included safeguarding vulnerable adults at risk, staff training and new and updated policies/standard operating procedures/procedures and guidelines.
Judgment: Not compliant
Regulation 19: Directory of residents
The registered provider had established and maintained a directory of residents in the designated centre. The directory had elements of the information specified in paragraph three of schedule three of the regulations.
Judgment: Compliant
Regulation 21: Records
On the day of the inspection, records required and requested were made available to the inspectors. A sample of records viewed pertaining to Schedule 3 and 4 were correct and in order and were made available to the inspector upon request including the designated centre's statement of purpose, residents' guide and a record of all complaints made by residents or their representatives or staff concerning the operation of the centre. The inspectors found that records were appropriately maintained. The sample of records reviewed on inspection, reflected practices in place.
Judgment: Compliant
Regulation 22: Insurance
The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation. The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place had ensured care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored. There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability.

It was evident that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre. There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents. The staff team was led by an appropriately qualified and experienced person in charge. The person in charge demonstrated a comprehensive understanding of the service needs and of the residents' needs and preferences. Inspectors saw that there were systems in place to support the person in charge in fulfilling their regulatory responsibilities. The person in charge reported to a programme manager, who in turn reported to a director of care.

Good quality monitoring and auditing systems were in place. The person in charge demonstrated good awareness of key areas and had checks in place to ensure the provision of service delivered to residents was of a good standard. The provider had carried out an annual review of the quality and safety of the service for 2024, and there were quality improvement plans in place, where necessary. The provider also had in place a suite of audits, which included; fire safety, infection prevention and control, residents finances and care plan audits.

Team meetings were taking place in each house which made up the designated centre. A sample of records of meetings from the last two months were reviewed. Items discussed at the meetings included safeguarding concerns, restrictive practices, risk management and fire prevention. Furthermore, team meetings showed regular discussions on all audit findings.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspectors. It was found to contain the information as required by Schedule 1 of the regulations.

The statement of purpose described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre.

A copy was readily available to the inspectors on the day of inspection.

It was also available to residents and their representatives.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents living in the designated centre. The governance and management systems were ensuring care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

The inspectors found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

Overall, both houses were found to be clean, bright, homely, nicely-furnished, and laid out to the needs of the residents living there. The provider had endeavoured to make the living arrangements for residents as homely and personalised as possible throughout. There were adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their tastes, likes and interests.

Residents' well-being and welfare was maintained by a good standard of evidence-based care and support practices. Residents' daily plans were individualised to support their choice in what activities they wished to engage with and to provide opportunity to experience live in their local community. Furthermore, consideration was given to the age of residents and their stage of life, with the majority of residents at or nearing retirement.

A residents' guide was available in the designated centre. The residents' guide was reviewed on the day of inspection and was found to contain all of the information as required by Regulation 20.

The registered provider had safeguarding policies and procedures in place including guidance to ensure all residents were protected and safeguarded from all forms of abuse.

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments informed the development of care plans and outlined the associated supports and interventions residents required. Residents were receiving appropriate care and support that was individualised and focused on their needs. Residents' individual care needs were well assessed, and appropriate supports and access to multi-disciplinary professionals were available to each

resident.

Furthermore, inspectors spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures, including fire and smoke detection systems and fire fighting equipment.

Overall, inspectors found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service.

Regulation 10: Communication

Residents in this designated centre were supported to communicate in line with their assessed needs and wishes.

Residents had communication care plans in place which detailed that they required additional support to communicate.

Each resident had an up-to-date communication passport which described their communication style and supported their communication needs.

Staff were familiar with residents' communication needs and care plans.

Staff were observed to be respectful of the individual communication style and preferences of the residents as detailed in their personal plans and all residents had access to appropriate media including; the Internet and Television.

Judgment: Compliant

Regulation 13: General welfare and development

There was evidence that the designated centre was operated in a manner which was respectful of all residents' rights. Residents were observed engaging in activities of their choice together such as mealtimes and going on outings in the community.

Residents' daily plans were individualised to support their choice in what activities they wished to engage with and to provide opportunity to experience life in their local community.

Residents had access to a range of opportunities for recreation and leisure. Residents were supported to engage in learning and development opportunities,

such as baking, arts and crafts, music and yoga.

All residents had their own personalised day service provision and had access to transport and the community when they wanted. They were supported to access activities pertaining to their own likes and dislikes such as going out for dinner, shopping, recent day trips to Belfast and Carlow, going on holiday, the gym, massage and both bungalows were visited regularly by a therapy dog. All residents had the opportunity to attend a senior citizens group Monday to Friday.

Judgment: Compliant

Regulation 17: Premises

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was maintained in a good state of repair and was clean and suitably decorated.

The centre had also been adapted to meet the individual needs of residents ensuring that they had appropriate space that upheld their dignity and improved their quality of life within the designated centre.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide for residents which met the requirements of regulation 20. For example, on review of the guide, the inspector saw that information in the residents' guide aligned with the requirements of associated regulations, specifically the statement of purpose, residents' rights, communication, visits, admissions and contract for the provision of services, and the complaints procedure.

The guide was written in easy to read language and was available to everyone in the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fighting equipment.

There were adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements. The exit doors were easily opened to aid a prompt evacuation, and the fire doors closed properly when the fire alarm activated.

Following a review of servicing records maintained in the centre, the inspectors found that these were all subject to regular checks and servicing with a fire specialist company.

Inspectors reviewed fire safety records, including fire drill details and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were suitable care and support arrangements in place to meet residents' assessed needs.

Comprehensive assessments of need and personal plans were available on each residents' files. They were personalised to reflect the needs of the resident including what activities they enjoy and their likes and dislikes. Inspectors reviewed three of the residents' files over the course of the inspection.

They were found to contain an up-to-date and comprehensive individual assessment of residents' needs. This assessment was informed by the resident, their representatives and relevant multi-disciplinary professionals.

The individual assessment informed person-centred care plans which guided staff in the delivery of care in line with residents' needs.

Inspectors saw that care plans were available in areas including communication, mobility, personal care, health care, social development and community access and safeguarding, as per residents' assessed needs.

Care plans were written in a person-centred manner and clearly detailed steps to maintain residents' autonomy and dignity. Staff spoken with were informed regarding these care plans and residents' assessed needs.

There were systems in place to routinely assess and plan for residents' health, social and personal needs. Residents had a yearly assessment of their health needs, and in general residents had a yearly meeting with allied health care professionals to review their care and support requirements.

Judgment: Compliant

Regulation 8: Protection

A review of safeguarding arrangements noted, for the most part, residents were protected from the risk of abuse by the provider's implementation of National safeguarding policies and procedures in the centre.

The registered provider had implemented measures and systems to protect residents from abuse. There was a policy on the safeguarding of residents that outlined the governance arrangements and procedures in place for responding to safeguarding concerns.

Safeguarding plans were reviewed regularly in line with organisational policy. Safeguarding incidents were notified to the safeguarding team and to the Chief Inspector in line with regulations.

Staff spoken to on the day of inspection reported they had no current safeguarding concerns and training in safeguarding vulnerable adults had been completed by all staff.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 16 OSV-0005859

Inspection ID: MON-0038798

Date of inspection: 11/08/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1. FEDS (Feeding Eating Drinking and Swallowing) Training has now been completed by all staff working in Designated Centre 16. 2. IDDSI training (International Dysphagia Diet Stanardisation Initiative) training is next scheduled for 25th and 26th November, 3 oustanding staff are booked to complete training on these days. 3. Manual Handling: 3 staff who require updated training are scheduled for manual handling training on 23rd September, 21st October and 18th November. 4. All staff in Designated Centre 16 will have completed all modules of Assisted Decision Making and Capacity Guidance for healthcare workers before end of November 2025. All training will be reviewed by the PIC on a quarterly basis and planned with staff during quarterly supervision.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	30/11/2025